2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000002848

Entity Name: A3 RESTAURANT, LLC

Current Principal Place of Business:

17895 COLLINS AVE.

SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17780 COLLINS AVE. 2ND FLOOR SUNNY ISLES BEACH, FL 33160 US

FEI Number: 83-1990174 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Date

FILED Apr 24, 2019

Secretary of State

3329486410CC

Authorized Person(s) Detail:

Title MGR Title EVP, ASST. SECRETARY

Name TG CO MANAGEMENT, INC. Name LIEB, JAMES

Address 17780 COLLINS AVE. 2ND FLOOR Address 17780 COLLINS AVE. 2ND FLOOR
City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, SECRETARY Title AVP, ASST. SECRETARY

Name HIRSCH, MARK Name TORPEY, CARITE

Address 17780 COLLINS AVE. 2ND FLOOR Address 17780 COLLINS AVE. 2ND FLOOR
City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, MANAGING DIRECTOR Title SRVP, CFO

Name ROBERTSON, JOIHNATHAN Name SHMUELI, OREN

Address 17780 COLLINS AVE. 2ND FLOOR Address 17780 COLLINS AVE. 2ND FLOOR
City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

TitleCONTROLLERTitleTREASURERNameWEINFELD, GARYNameGARCIA, ANDRES

Electronic Signature of Signing Authorized Person(s) Detail

Address 17780 COLLINS AVE. 2ND FLOOR Address 17780 COLLINS AVE. 2ND FLOOR
City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: SUNNY ISLES BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OREN SHMUELI SRVP/CFO 04/24/2019